

ADVOCACY: LINKING THE POLITICAL FORCES TO ACHIEVE PROGRAM SUCCESS*

JAMES D. WEILL

Program Director
Children's Defense Fund
Washington, D.C.

THE title of this conference is "Child Health: One Hundred Years of Progress and Today's Challenges." Typically such gatherings focus considerably more on "today's challenges" than on the "100 years of progress." This is only natural, because we all become consumed with the problems and crises of our own times. Nor shall I minimize those problems. Persistent high child poverty rates, stagnating health indicators, schools that are not up to the challenges of the last decade of the 20th century, homelessness, and a multiplicity of other problems are indicators of the way we shortchange children. But it is worthwhile to pause and look back on decades of progress, for two reasons. First, it is a reminder of how worthwhile are the efforts of those who work with and for children. When we stop to consider the sharp declines in maternal and infant mortality which our society has achieved in this century, the incredible successes of immunization efforts, and the accomplishments of universal public education (at the turn of the century only one in 10 American 14–17 year olds was in school), as just a handful of examples, those successes are cause for at least a brief pause of mutual congratulations.

Equally important, each of these past battles has lessons we can use today.

The Progressives and the New Dealers and those who conceived the anti-poverty programs of the 1960s have a lot to tell us both about how to get public attention focused on social problems and how to build political coalitions to remedy those problems.

The Shepherd-Towner Act was the direct forerunner of today's federal Maternal and Child Health Block Grant, the program that gives states and localities funds for pediatric and maternal health clinics and services for handicapped children. Shepherd-Towner passed in 1921, after an intense

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political struggle, due to the efforts of a strong coalition of newly enfranchised women, labor, child advocates, and social reformers.

The act was hardly uncontroversial. Sen. Reed, a Democrat from Missouri, said during the debate on it that:

The proponents of this measure have named it "the child welfare bill" Give a bill an attractive and appealing title, back it by a well-organized propaganda, abundantly financed, and an active lobby of persuasive ladies, who solicit and pledge votes, and the bill, whether good or bad, wise or foolish, is almost certain to pass. . . .

The fundamental doctrines on which the bill is founded were drawn chiefly from the radical, socialistic, and bolshevistic philosophy of Germany and Russia.¹

In roughly the same era, a close neighbor of this Academy, Nicholas Murray Butler, president of Columbia University, was describing efforts to ban child labor in similar terms.

More recently, Phyllis Schlafly last month described the Act for Better Child Care—a measure now pending in Congress that would improve child care in this country and give federal help to low and moderate income working families so they could afford child care—as an effort to "Sovietize the American family."²

The point here is not that we should despair because mindless opposition to progress for children's health and well-being is an ever-present commodity, but be reassured that such progress has always occurred, despite temporary setbacks and despite formidable opposition. Our job as people who care about America's children is to figure out how to make progress continue.

Part of doing that is building broad coalitions—linking with other groups to build sufficient support to do what needs to be done. It is virtually a platitude by now to point out that children do not vote. They also are not network news reporters or other opinion makers, they are ineligible for public office, and they do not have money of their own, so they do not make large contributions to political campaigns. They do not have access to any of the traditional levers of political power. Poor children have even less clout, since whatever political power may trickle down from adults to benefit children in a family is less in a poor family.

Focusing the political marketplace on the needs of children, especially poor and minority children, is thus a difficult task. Children must rely on adults to advocate their interests. Traditionally, those advocates have been women's groups, churches, community groups, unions, organizations of child-serving professionals such as the American Academy of Pediatrics and the National Association of Social Workers, and groups generally interested

in social reform. We must reach out to such groups, focus them on children's issues, and energize them.

But I want to talk a little about reaching out to new groups and seeking a broader base of support.

One such new potential ally is business. American businessmen are becoming increasingly concerned that their employee base will consist, in the near future, of a shrinking pool of youths and young adults inadequately prepared for the demands of the workplace.

Because birth rates are down, relatively fewer young adults will enter the work force in the 1990s and most of the 21st century. In 1995 16–24 year olds will be only 18% of the working age population, as opposed to 27% in 1978. There will not only be fewer new workers, but more of them will be women or from minority groups, youths who traditionally have been shortchanged by our educational system. The Hudson Institute has estimated that only 15% of all new entrants into the labor force from now to the year 2000 will be white men born in the United States.³

Business is very concerned—and rightly so—that this shrinking work force is neither as healthy nor as educated as it should be. One in seven American children drops out of high school. Millions who remain in school are not developing the strong basic skills they need.

In a widely publicized recent report, the Committee for Economic Development, a consortium of 225 corporate executive officers and university presidents, reflected on this problem. They said that “This nation cannot continue to compete and prosper in the global arena when more than one-fifth of our children live in poverty and a third grow up in ignorance. . . . If we continue to squander the talents of millions of our children America will become a nation of limited human potential. . . . America must become a land of opportunity—for every child.”⁴ The report calls for prevention through early intervention, including greater efforts to provide prenatal care for pregnant teens and other high-risk mothers and family health care and developmental screening for children.

Business also is beginning—tentatively—to recognize the growing child care crisis in this country. A recent *Fortune Magazine* study concluded that child care problems are the most reliable predictor of workers' absenteeism and unproductive work time. And each month 200,000 nonworking mothers of young children turn down job offers because they cannot afford or find child care. So business leadership is an increasingly important group to reach out to when you are seeking links to build programs for children.

Another group with a growing stake in our children's future is the elderly. The declining share of the population that is of working age is a looming problem for the elderly, as well as for those of us who will reach retirement age soon enough.

The child born today will graduate from college, if we give him enough supports and services and encouragement to keep him in school that long, and will enter the work force in the year 2010. In that year my contemporaries and I will be in our mid-60s and retiring. Today's kindergartener will graduate from high school in the year 2000, when today's retiring 65 year old will turn 77—an age well within his life expectancy. We all shall need today's children's taxes to pay for our retirement. If the Social Security, Medicare, and other support systems for the retired are to meet the demands placed on them, we must give children a strong, competitive economy, the education to meet the escalating demands of the workplace, and the food, health care, shelter, and emotional support they need.

Groups representing the elderly increasingly recognize both the moral imperatives and the economic self-interest in helping children. The Children's Defense Fund and the American Association for Retired Persons, along with other similar groups, work together in Washington in an inter-generational coalition that seeks to protect common interests. For example, we have fought together to stop cuts in the federal social services programs, and we are fighting together right now to improve federal fair housing laws by forbidding discrimination in housing sales and rentals against families with children. And we have been working to put into the pending "catastrophic" health care bill amendments that improve Medicaid for both children and the elderly.

The business community and the elderly are just two examples of the groups—sometimes groups that at first glance seem unlikely—with whom effective links can be made to build programs for children. Other possible examples are legion. Civil rights organizations increasingly are focusing on the threat to minority progress that child poverty, bad health care, and homelessness represent. This conference itself demonstrates the substantial support in the health care community, among both practitioners and academicians, for better health and social services for children. A few far-sighted leaders in the armed forces have begun to focus on the need for better health care and education for our youth—as exemplified by the efforts of Admiral Watkins, former chief of staff of the Navy, to improve young people's basic skills in addition to his work as head of the President's AIDS Commission. (It is noteworthy that the first major federal program for education in this century—the National Defense Education Act—was passed in

1958 in response to the Soviet Sputnik launch and the perceived threat to national security posed by inadequate education.) Higher education leaders, worried about the declining representation of minority students in their colleges and the inadequate basic skills of entering freshman, are looking at ways to help bolster preschool, elementary, and secondary education. Donna Shalala, who was head of Hunter College here and is now at the University of Wisconsin, has been a leader in these efforts.

Each of these communities is available as a potential ally, although in some cases we may have to educate them a little as to why child health services to help children grow and develop normally are as crucial to their interests as is the quality of public schools.

But that is our job. Child advocacy requires figuring out how to appeal to each constituency—based on both its self-interest and its selfless instincts—and courting them. This requires not just hard work, but persistence. Nearly 15 years ago Lee Schorr started working on child health issues at the Children's Defense Fund. Out of her work came a recognition that, while the Medicaid program functioned fairly well for those poor children who received it, certain minimum services needed to be guaranteed, and the program was only helping about one half of poor children—usually just those receiving cash welfare—leaving uninsured millions of other poor children. From Lee's work eventually emerged a proposal—called CHAP, for the Child Health Assurance Program—to extend Medicaid to all children up to age 21 whose family incomes were below the federal poverty line. The Children's Defense Fund made a major effort in the late 1970s to pass this bill—and failed. But during the Reagan years we have been getting significant parts of CHAP passed by Congress, piece by piece. States now can get federal funds to give Medicaid to all pregnant women and children under age five (age eight beginning in October) with family incomes below the poverty line (and to 185% of that line for pregnant women and infants). More than half the states provide this coverage. We expect to get Congress soon to start making some of this coverage mandatory rather than optional at state choice. I expect that most or all of CHAP will have passed well within 20 years of the time Lee first worked on this issue. Twenty years is a long time, but persistence and coalition-building are paying off, and 20 years is a considerably shorter time than it took to abolish child labor. I mentioned earlier that social reformers from times like the Progressive era have much to tell us. The best statement I know about the value of persistence and the final pay-off comes from Jacob Riis nearly a century ago: "When [nothing seems] to help," Riis said, "I would go and look at a stonecutter hammering away at his rock perhaps a hundred times without as much as a crack showing in it. Yet at the

hundred and first blow it would split in two, and I knew it was not that blow that did it but all that had gone before.''⁵

Finally, we all have to make links, through the media, with the general public. Ultraconservatives have convinced too many Americans, including many sympathetic to our cause, that nothing works—that all government programs do more harm than good. This is nonsense, of course. But it underlines the importance of explaining to the public, through the mass media, professional journals, and any medium to which we have access, that these programs work. It is why Lee Schorr's new book is so important.⁶ It is particularly essential that health professionals work at this because in perhaps no other area are there such hard data showing that public efforts are successful. Indeed, the public health preventive model is so broadly accepted, so fundamental a part of the fabric of our society, that aspects of it have virtually disappeared from political debate. Nobody disputes that vaccination of every child is necessary to protect all children. Nobody questions that investing in public sanitation and other public health services protects us all. Nor does anyone dispute that these services are cost-beneficial. We have to remind people of the value of these public efforts. We have to convince them of the equal value of new health initiatives to help poor and uninsured children. And we have to explain that other services can function similarly well—for example, WIC and Head Start, and other comprehensive preschool programs of equal quality.

We have to convince the American public that there is a price to pay so long as one American child in four is born into poverty, one in six has no health insurance, one in seven drops out, and that the price is paid not only by the victims, but by everyone through economic stagnation, greater social unrest, more substance abuse, stagnation on key health indicators, and higher public costs for remedial health care (rather than for prevention), prisons, and remedial education.

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